FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		Offic	e use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
ELECTRONIC	RETAILING ASSO	CIATION (E-RE	TAIL PAC)		
<u> </u>					
ADDRESS (number and	2000 street)	North 14th Stre	et 		
(Check if address is changed)		300 NGTON		L VA	22201   -
COMMITTEE'S E-MAI	I ADDRESS		CITY▲	STATE	ZIP CODE 📥
	1 1 1 1 1 1				1
COMMITTEE'S WEB	PAGE ADDRESS (UI	RL)			· · · · · · · · · · · · · · · · · · ·
			<u> </u>		
	11111				
COMMITTEE'S FAX N 7038411860	IUMBER	J			
2. DATE <b>M</b> N <b>1</b> 0	0 5 Y	2006			
3. FEC IDENTIFICA	TION NUMBER		C C00363192		
4. IS THIS STATEM	ENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and	to the best of my kno	wledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer <b>V</b>	/illiam McClella	n		
Signature of Treasurer	Electronically Filed	l by <b>William M</b>	cClellan	Date 1,0 /	0 0 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal			v subject the person signing this Sta	•	2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

This committee is a principal campaign committee. (Complete the candidate information below.)    Candidate	Page 2	FEOForm 1 (Revised 02/2003)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of Candidate  Candidate  Candidate  Party Affiliation  Office Sought: House Senate President District  (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part  (e) X This committee is a separate segregated fund  (f) This committee is a separate segregated fund  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.  Mailing Address  CITY STATE X ZIP CODE A		. TYPE OF COMMITTEE (Check One)
information below.)  Name of Candidate Party Affiliation  Candidate Party Affiliation  Candidate Party Affiliation  Candidate President  Candidate President  Candidate  (National, State (or subordinate) committee of the Candidate  Candidate	plete the candidate information below.)	(a) This committee is a principal campai
Candidate  Candidate Party Affiliation  City	principal campaign committee. (Complete the candidate	(-)
Party Affiliation Sought: House Senate President District  (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  (d) This committee is a (National, State) (Openocratic, Republican, etc.) Part  (e) This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.  3. Name of Any Connected Organization or Affiliated Committee  Mailing Address  CITY  STATE  ZIP CODE		
Name of Candidate  (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part  (e) X This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.  3. Name of Any Connected Organization or Affiliated Committee  Mailing Address  CITY  STATE  ZIP CODE	Senate President	
Candidate  (d) This committee is a (or subordinate) committee of the Republican,etc.) Part  (e) X This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.  3. Name of Any Connected Organization or Affiliated Committee  Mailing Address  CITY  STATE  ZIP CODE	is NOT an authorized committee.	(c) This committee supports/opposes onl
(d) This committee is a		
Mailing Address  CITY STATE A ZIP CODE A	te) committee of the Republican,etc.) Party.	(e) X This committee is a separate segrega  (f) This committee supports/opposes mo
CITY STATE A ZIP CODE A		. Name of Any Connected Organization or Affiliate
CITY STATE A ZIP CODE A		
CITY STATE A ZIP CODE A		
CITY STATE ZIP CODE A		Mailing Address
Relationship	STATE ▲ ZIP CODE ▲	
		Relationship
Type of Connected Organization:		Type of Connected Organization:
Corporation Corporation w/o Capital Stock Labor Organization	apital Stock Labor Organization	Corporation
Membership Organization Trade Association Cooperative	Cooperative	Membership Organization

Write or Type Committee Name

ELECTRONIC RETAILING ASSOCIATION	(E-RETAIL PAC)
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		ntify by name, address, (phone number pooks and records.	optional), and position of th	e person in
Full Name				
Mailing Address				
Title or Position ♥		CITY A	STATE▲	ZIP CODE ▲
			Telephone number	
		nd address (phone number optional) of lesignated agent (e.g., assistant treasurer		ttee; and the
Full Name of Treasurer	William	McClellan		
Mailing Address		2000 North 14th St Suite 30	0	
Mailing Address		2000 North 14th St Suite 30  Arlington	0 VA	22201
Mailing Address  Title or Position ♥				22201
		Arlington CITY A	VA	
		Arlington CITY A	VASTATE▲	ZIP CODE A
Title or Position ♥  Full Name of Designated		Arlington CITY A	VASTATE▲	ZIP CODE A
Title or Position ♥  Full Name of Designated Agent		Arlington CITY A	VASTATE▲	ZIP CODE A
Title or Position ♥  Full Name of Designated Agent		Arlington CITY A	VASTATE▲	ZIP CODE A

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9.	Banks or Other I safety deposit box Name of Bank, De	ces or	main	tains		List Inds		bar	nks	or o	othe	er de	еро	sito	ries	in	wh	ich	the	co	mm	itte	e d	еро	sits	fur	nds	, ho	olds	ac	CCOI	unts	s, re	ents	3			
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	Mailing Address																																					
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